

11/50/01
TO/SO/TT
JULY 2001UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.: SC90674A CD

First Inventor: William C. Moyer et al.

Title: METHOD AND APPARATUS FOR INTERFACING A
PROCESSOR TO A COPROCESSOR

Express Mail Label No.: EL581727642US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

12/10/01
J102107836 PRO

APPLICATION ELEMENTS

(see MPEP chapter 600 concerning
utility patent application contents)ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages 29 (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets 25</p> <p>5. Oath or Declaration <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper </p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 CFR 3.73(b) Power of Attorney Statement (when there is an assignee)

11. English Translation Document (if applicable)

12. IDS 1 Copies of IDS Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503)

15. Certified Copy of Priority Document

16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. Other: References AA-AX

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in- Part (CIP) Prior Appl. No. 09/609,260

Prior Appl. information: Examiner: J. Follansbee Group/Art Unit: 2154

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23125	or	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	(512) 996-6839	Fax
Name	Registration No.		(512) 996-6854
SIGNATURE	Date	November 5, 2001	

FEE TRANSMITTAL

Patent fees are subject to annual revision

		Complete if Known	
		Application Number	Unknown
		Filing Date	Unknown
		First Named Inventor	William C. Moyer
		Examiner Name	Unknown
		Group Art Unit	Unknown
TOTAL AMOUNT OF PAYMENT	(\$740.00)	Attorney Docket No.	SC90674A CD1

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

13-4773

Deposit Account Name

Motorola, Inc.

Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEES CALCULATION

BASIC FILING FEE

	Large Entity Fee	Small Entity Fee			Fee Paid
Fee Code	(\\$)	(\\$)			
101	740	201	370	Utility filing fee	740
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$740.00)

EXTRA CLAIM FEES

	Previously Paid**	Extra Claims	Fee from below	Fee Paid
Total Claims	13	- 20	= 0	X 18 = 0
Independent Claims	1	- 3	= 0	X 84 = 0
Multiple Dependent			280	= 0
Large Entity Fee	Entity Fee	Small Entity Fee	Entity Fee	
Code (\$)	Code (\$)			Fee Description
103 18	203 9			Claims in excess of 20
102 84	202 42			Independent claims in excess of 3
104 280	204 140			Multiple dependent claim, if not paid
109 84	209 42			* Reissue independent claims over original patent
110 18	210 9			* Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				
(\$0.00)				

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Joanna S Chiu	Registration No.	43,629	Telephone	512.996.6839
Signature		Date	11/5/01		